

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee <b>Headway Workforce Solutions</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 24 / 2019</b>	
Mailing Address <b>421 Fayetteville St #1020</b>		Amount <b>1500.00</b>	
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27601</b>	Transaction ID : <b>SE.13637</b>
Purpose of Expenditure Phone calls		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 24 / 2019</b>
Name of Federal Candidate <b>PERRY, JOAN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶	

62003.64

Full Name of Payee <b>i360</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 24 / 2019</b>	
Mailing Address <b>P.O. Box 37046</b>		Amount <b>500.00</b>	
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21297-3046</b>	Transaction ID : <b>SE.13635</b>
Purpose of Expenditure Phone calls		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 24 / 2019</b>
Name of Federal Candidate <b>PERRY, JOAN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶	

60503.64

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>2000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,*

[Electronically Filed]

Date

 MM / DD / YYYY  
**04 / 25 / 2019**

Signature

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>i360</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 25 / 2019</b>	
Mailing Address <b>P.O. Box 37046</b>		Amount <b>75.00</b>	
City <b>Baltimore</b>	State <b>MD</b>	Zip Code <b>21297-3046</b>	Transaction ID : <b>SE.13641</b>
Purpose of Expenditure Emails	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 25 / 2019</b>	
Name of Federal Candidate <b>PERRY, JOAN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>03</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Media Bridge</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 25 / 2019</b>	
Mailing Address <b>11300 Astarita Ave</b>		Amount <b>2500.00</b>	
City <b>Partlow</b>	State <b>VA</b>	Zip Code <b>22534</b>	Transaction ID : <b>SE.13639</b>
Purpose of Expenditure Emails	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 25 / 2019</b>	
Name of Federal Candidate <b>PERRY, JOAN, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>03</b> State: <b>NC</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2575.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,*
*[Electronically Filed]*

Date

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**04 / 25 / 2019**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>The Data Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>04 / 25 / 2019</b>
Mailing Address 3208 E Colonial Drive #118		Amount 1250.00
City Orlando	State FL	Zip Code 32803
Purpose of Expenditure Emails	Category/ Type 004	Transaction ID : SE.13645 Date of Disbursement or Obligation MM / DD / YYYY <b>04 / 25 / 2019</b>
Name of Federal Candidate PERRY, JOAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NC
Calendar Year-To-Date Per Election for Office Sought 65828.64		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2019 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate  <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1250.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	5825.00

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Buchanan, Emily, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
04 / 25 / 2019

Signature